# **Complete Summary**

#### TITLE

Cancer: the percentage of patients with cancer diagnosed within the last 18 months who have a patient review recorded as occurring within 6 months of the practice receiving confirmation of the diagnosis.

## SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

## **Measure Domain**

#### PRIMARY MEASURE DOMAIN

**Process** 

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

#### SECONDARY MEASURE DOMAIN

Does not apply to this measure

#### **Brief Abstract**

## **DESCRIPTION**

This measure is used to assess the percentage of patients with cancer, diagnosed within the last 18 months who have a patient review recorded as occurring within 6 months of the practice receiving confirmation of the diagnosis.

#### **RATIONALE**

Cancer is a clinical priority in all four countries of the United Kingdom. It is recognised that the principal active management of cancers occurs in the secondary care setting. General practitioners often have a key role in the referral and subsequently in providing a support role and in ensuring that care is appropriately co-ordinated. This measure is one of two <a href="Cancer measures">Cancer measures</a>. The Cancer set is not evidence-based but does represent Good Professional Practice.

Most general practitioners will see patients with a new cancer diagnosis following assessment and management in a secondary or tertiary care setting. A cancer review is an opportunity to cover the following issues:

- The patient's individual health and support needs (this will vary with, e.g., the diagnosis, staging, age and pre-morbid health of the patient and their social support networks)
- The co-ordination of care between sectors

#### PRIMARY CLINICAL COMPONENT

Cancer; patient review

#### **DENOMINATOR DESCRIPTION**

Patients with cancer diagnosed within the last 18 months

#### **NUMERATOR DESCRIPTION**

Number of patients from the denominator who have a patient review recorded as occurring within 6 months after the practice has received confirmation of the diagnosis

# **Evidence Supporting the Measure**

# **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

 A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

# **Evidence Supporting Need for the Measure**

#### **NEED FOR THE MEASURE**

Unspecified

# **State of Use of the Measure**

#### **STATE OF USE**

Current routine use

#### **CURRENT USE**

Internal quality improvement National reporting Pay-for-performance

# **Application of Measure in its Current Use**

## **CARE SETTING**

Physician Group Practices/Clinics

## PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

## LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

**Group Clinical Practices** 

## **TARGET POPULATION AGE**

Unspecified

## **TARGET POPULATION GENDER**

Either male or female

## STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

# **Characteristics of the Primary Clinical Component**

# INCIDENCE/PREVALENCE

Unspecified

# **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

## **BURDEN OF ILLNESS**

Unspecified

# **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

# **Institute of Medicine National Healthcare Quality Report Categories**

#### **IOM CARE NEED**

Getting Better Living with Illness

#### **IOM DOMAIN**

Effectiveness Patient-centeredness

## **Data Collection for the Measure**

#### **CASE FINDING**

Users of care only

#### **DESCRIPTION OF CASE FINDING**

Patients with cancer diagnosed within the last 18 months\*

\*Note: The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

- A. patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months
- B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g., terminal illness, extreme frailty
- C. patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months, e.g., blood pressure or cholesterol measurements within target levels
- D. patients who are on maximum tolerated doses of medication whose levels remain suboptimal
- E. patients for whom prescribing a medication is not clinically appropriate, e.g., those who have an allergy, another contraindication or have experienced an adverse reaction
- F. where a patient has not tolerated medication
- G. where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records
- H. where the patient has a supervening condition which makes treatment of their condition inappropriate, e.g., cholesterol reduction where the patient has liver disease
- I. where an investigative service or secondary care service is unavailable

Refer to the original measure documentation for further details.

#### DENOMINATOR SAMPLING FRAME

Patients associated with provider

#### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

#### **Inclusions**

Patients with cancer diagnosed within the last 18 months

#### **Exclusions**

See "Description of Case Finding" field for exception reporting.

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition

#### **DENOMINATOR TIME WINDOW**

Time window precedes index event

#### **NUMERATOR INCLUSIONS/EXCLUSIONS**

#### **Inclusions**

Number of patients from the denominator who have a patient review recorded as occurring within 6 months after the practice has received confirmation of the diagnosis

# **Exclusions**

Unspecified

# MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### **NUMERATOR TIME WINDOW**

Fixed time period

# **DATA SOURCE**

Medical record Registry data

## **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

#### PRE-EXISTING INSTRUMENT USED

# **Computation of the Measure**

#### **SCORING**

Rate

#### **INTERPRETATION OF SCORE**

Better quality is associated with a higher score

#### **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

## STANDARD OF COMPARISON

External comparison at a point in time Internal time comparison Prescriptive standard

## PRESCRIPTIVE STANDARD

Payment stages: 40-90%

#### **EVIDENCE FOR PRESCRIPTIVE STANDARD**

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

# **Evaluation of Measure Properties**

## **EXTENT OF MEASURE TESTING**

Unspecified

# **Identifying Information**

#### **ORIGINAL TITLE**

Cancer 3. The percentage of patients with cancer, diagnosed within the last 18 months who have a patient review recorded as occurring within six months of the practice receiving confirmation of the diagnosis.

## **MEASURE COLLECTION**

#### **Quality and Outcomes Framework Indicators**

#### **MEASURE SET NAME**

Cancer

#### **DEVELOPER**

British Medical Association National Health Service (NHS) Confederation

#### **FUNDING SOURCE(S)**

The expert panel who developed the indicators were funded by the English Department of Health.

#### COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

The main indicator development group is based in the National Primary Care Research and Development Centre in the University of Manchester. They are: Professor Helen Lester, NPCRDC, MB, BCH, MD; Dr. Stephen Campbell, NPCRDC, PhD; Dr. Umesh Chauhan, NPCRDC, MB, BS, PhD.

Others involved in the development of individual indicators are: Professor Richard Hobbs, Dr. Richard McManus, Professor Jonathan Mant, Dr. Graham Martin, Professor Richard Baker, Dr. Keri Thomas, Professor Tony Kendrick, Professor Brendan Delaney, Professor Simon De Lusignan, Dr. Jonathan Graffy, Dr. Henry Smithson, Professor Sue Wilson, Professor Claire Goodman, Dr. Terry O'Neill, Dr. Philippa Matthews, Dr. Simon Griffin, Professor Eileen Kaner.

## FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None for the main indicator development group.

#### **ENDORSER**

National Health Service (NHS)

#### **ADAPTATION**

Measure was not adapted from another source.

#### **RELEASE DATE**

2004 Apr

#### **REVISION DATE**

2009 Mar

#### **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: British Medical Association (BMA), and NHS Employers. Quality and outcomes framework guidance for GMS contract 2008/09. London (UK): British Medical Association, National Health Service Confederation; 2008 Apr. 148 p.

## SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

#### **MEASURE AVAILABILITY**

The individual measure, "Cancer 3. The Percentage of Patients with Cancer, Diagnosed Within the Last 18 Months Who Have a Patient Review Recorded as Occurring Within Six Months of the Practice Receiving Confirmation of the Diagnosis," is published in the "Quality and Outcomes Framework Guidance." This document is available from the British Medical Association Web site.

## **NQMC STATUS**

This NQMC summary was completed by ECRI on May 22, 2006. The information was verified by the measure developer on August 11, 2006. This NQMC summary was updated by ECRI Institute on January 16, 2009. This NQMC summary was updated again by ECRI Institute on October 1, 2009. The information was verified by the measure developer on March 4, 2010.

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